

<i>SERFF Tracking Number:</i>	<i>AEGC-125750772</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39788</i>
<i>Company Tracking Number:</i>	<i>1660</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/551</i>		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance SERFF Tr Num: AEGC-125750772 State: ArkansasLH

Company 2008 Annual Standard Individual
Medicare Supplement

TOI: MS051 Individual Medicare Supplement - SERFF Status: Assigned State Tr Num: 39788
Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: 1660

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date:

Schaffer, Kristina Davis

Date Submitted: 07/30/2008

Disposition Status:

Implementation Date Requested: 11/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Monumental Life Insurance Company Standard
Individual Medicare Supplement Rates

Status of Filing in Domicile: Pending

Project Number: 551

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The rates for this
policy form in our domiciliary state of Iowa are
pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 7%

Group Market Type:

Filing Status Changed: 07/30/2008

State Status Changed: 08/28/2008

Deemer Date:

Corresponding Filing Tracking Number: 1660

Filing Description:

SERFF Tracking Number: AEGC-125750772 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 39788
Company Tracking Number: 1660
TOI: MS05I Individual Medicare Supplement - Sub-TOI: MS05I.001 Plan A
Standard Plans
Product Name: Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement
Project Name/Number: 2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/55I

RE: Monumental Life Insurance Company: Medicare Supplement Rate Filing for Standard Individual Medicare Supplement

NAIC#: 468-66281 FEIN#: 52-0419790

UNIFORM MATRIX TOI DESCRIPTION: MS05I Individual Medicare Supplement - Standard Plans

UNIFORM MATRIX SUB TOI: MS05I.001 (All Plans)

FILING NUMBER #: 1660

POLICY FORM NUMBER(s):

MS4000IPM-A MS4000IPM-C MS4000IPM-D
MS4000IPM-F MS4000IPM-G

Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval. Since this is a closed block of business, we have dropped all plans that no longer have lives for the last two years. We will only be including in our filings the plans that still have lives.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Exhibit B (Experience)
- Life, Accident & Health Transmittal Document
- Projection Exhibit
- Actual to Expected Analysis
- Filing Fee:

<i>SERFF Tracking Number:</i>	<i>AEGC-125750772</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>1660</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement</i>		
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Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

Company and Contact

Filing Contact Information

Kristina Davis, Actuarial Systems Specialist	kdavis3@aegonusa.com
520 Park Avenue	(800) 233-4624 [Phone]
Baltimore, MD 21201-4500	(410) 209-5904[FAX]

Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	07/30/2008	21671291

SERFF Tracking Number:	AEGC-125750772	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	39788
Company Tracking Number:	1660		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement		
Project Name/Number:	2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/551		

Disposition

Disposition Date: 08/28/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 7% rate increase for Plans A, C, D, F and G to be implemented on or after November 1, 2008. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Monumental Life Insurance Company	7.000%	\$1,544	5	\$22,054	7.000%	7.000%	7.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Life, Accident & Health Transmittal Document	Approved	Yes
Rate	Exhibit A	Approved	Yes

SERFF Tracking Number:	AEGC-125750772	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	39788
Company Tracking Number:	1660		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement		
Project Name/Number:	2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/551		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

6.700%

Effective Date of Last Rate Revision:

11/01/2007

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	7.000%	7.000%	\$1,544	5	\$22,054	7.000%	7.000%

SERFF Tracking Number: AEGC-125750772 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 39788

Company Tracking Number: 1660

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement

Project Name/Number: 2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/551

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Exhibit A	MS4000IPM-A, MS4000IPM-C, MS4000IPM-D, MS4000IPM-F, MS4000IPM-G	Revised		exhibita_p.pdf

ExhibitA
MonumentalLifeInsuranceCompany

MassMarketedStandardIndividualMedicareSupplement
PremiumRates
StateofArkansas

CurrentMonthlyPremiumRates

Composite Age	PlanA	PlanC	PlanD	PlanF	PlanG
65&Up	251	475	264	513	301

ProposedRateChange

	PlanA	PlanC	PlanD	PlanF	PlanG
AllAges	7.0%	7.0%	7.0%	7.0%	7.0%

ProposedMonthlyPremiumRates

Composite Age	PlanA	PlanC	PlanD	PlanF	PlanG
65&Up	269	508	282	549	322

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
ModalFactors	12.000	6.000	3.000	1.000	0.960

SERFF Tracking Number:	AEGC-125750772	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	39788
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TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	Monumental Life Insurance Company 2008 Annual Standard Individual Medicare Supplement		
Project Name/Number:	2008 Monumental Life Insurance Company Standard Individual Medicare Supplement Rates/55I		

Supporting Document Schedules

Satisfied -Name:	Life, Accident & Health Transmittal Document	Review Status:	Approved	08/28/2008
Comments:				
Attachment:	uniform_transmittal.pdf			

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group#	NAIC#	FEIN #	State#
	Monumental Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	

4.	Contact Name & Address	Telephone#	Fax#	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

5.	Requested Filing Mode	Review & Approval File & Use Informational Combination (please explain): Other (please explain):
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6.	Company Tracking Number	1660
7.	New Submission	Resubmission Previous file#
8.	Market	<input checked="" type="checkbox"/> Individual Franchise Group Small <input type="checkbox"/> Large Small and Large Employer Association Blanket Discretionary Trust Other:
9.	Type of Insurance	MS05 Individual Medicare Supplement-Standard Plans
10.	Product Coding Matrix Filing Code	MS05I.001 (All Plans)
11.	Submitted Documents	<p><u>FORMS</u> Policy Outline of Coverage Certificate Application/Enrollment Rider/Endorsement Advertising Schedule of Benefits Other</p> <p><u>Rates</u> New Rate Revised Rate</p> <p>FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u> Articles of Incorporation Third Party Authorization Association Bylaws Trust Agreements Statement of Variability Certifications Actuarial Memorandum Other _____</p>

12.	Filing Submission Date	July 25, 2008			
13.	Filing Fee (If required)	Amount	\$50.00	Check Date	
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number	
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending			
15.	Filing Description:				
	2008 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company <u>POLICY FORM # (s):</u> MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G				
16.	Certification (If required)				
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .					
Print Name:		Stephen Baloga, A.S.A., M.A.A.A.		Title:	Assistant Vice President and Actuary
Signature:				Date:	July 25, 2008

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1660		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		7.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum w/Rates Memorandum, rates, experience, actual to expected analysis, loss ratio projections	MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>7.0</u> % - <u>7.0</u> % <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Form Page 1 thru 3	MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>7.0</u> % - <u>7.0</u> % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	